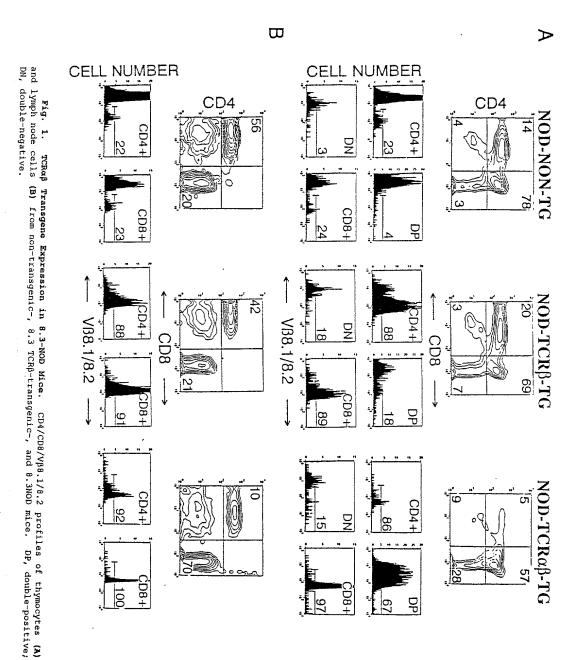
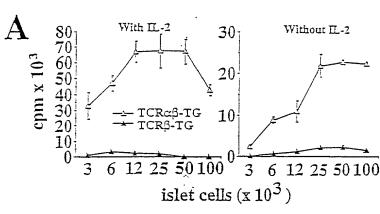
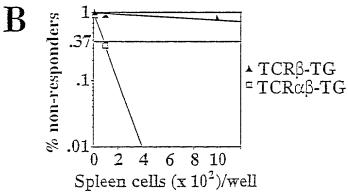
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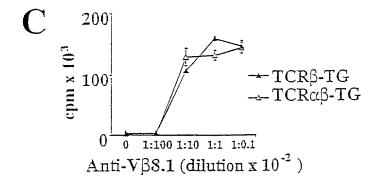


Fig. 2. Beta Cell-Specific CD8+ T-Cells in 8.3-NOD Mice. (A) Proliferation of splenic CD8+ T-cells to islet cells. (B) Peripheral frequency of beta cell-reactive CD8+ T-cells. (C) General proliferative activity of splenic CD8+ T-cells.

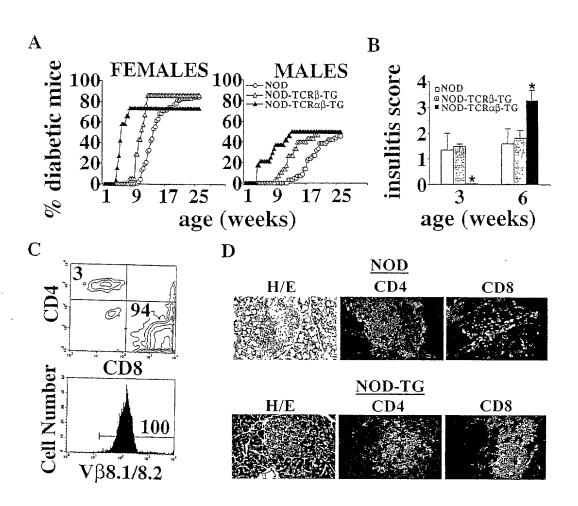


Fig. 3. 8.3-TCR $\alpha\beta$ -Transgene Expression and Diabetogenesis. (A) Incidence of IDLM. (B) Progression of insulitis. \*, p<0.0001 ( $\chi^2$ ). (C) Flow cytometry profile of islet-derived T-cells from diabetic 8.3-NOD mice. (D) Phenotype of islet-infiltrating T-cells in 8.3-NOD vs. non-transgenic NOD mice.

Fig. 4. Diabetogenesis in Monoclonal T-Cell NOD Mice. (A) FACS profiles of lymph node cells. (B) IDDM incidence. (C) Phenotype of insulitis T-cells. Most of the few CD8+ T-cells in RAG-2-/- 4.1-NOD mice, and the few CD4+ T-cells in RAG-2-/- 8.3-NOD mice are due to background staining, as they are also seen in anti-rat IgG-FITC-stained tissue.

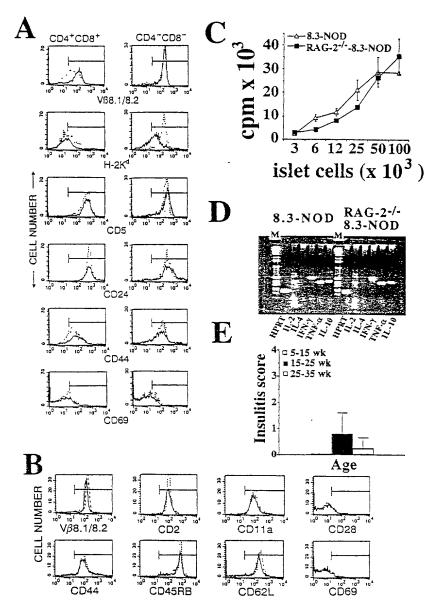
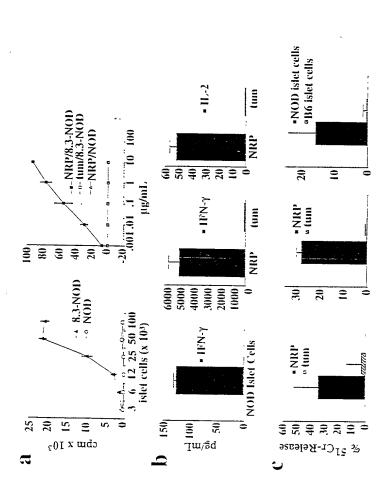


Fig. 5. Phenotypic and Functional Analysis of CD8+ T-cells from RAG-2<sup>\*</sup> 8.3-NOD Mice. (A) Maturation markers on thymocyte subsets from 8.3-NOD (dotted line) and RAG-2<sup>\*</sup> 8.3-NOD mice (solid line). (B) Activation/memory markers on splenic CD8<sup>\*</sup> T-cells from 8.3-NOD mice (dotted line) and RAG-2<sup>\*</sup> 8.3-NOD mice (solid line). (C) Proliferative activity of splenic CD8<sup>\*</sup> T-cells in response to islet cells. (D) Cytokine RT-PCR analysis of islet-derived CD8<sup>\*</sup> T-cells. (E) Kinetics of insulitis in RAG-2 8.3-NOD mice.

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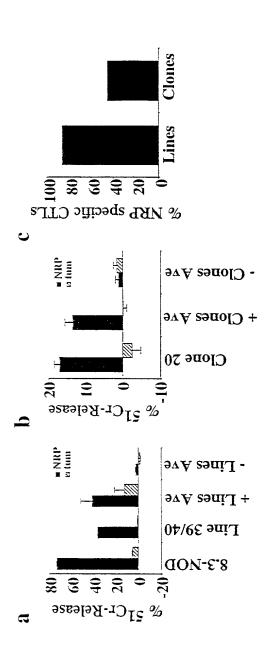


response to NOD islet-cells (left) or NOD splenocytes pulsed with NRP or tum (right) (p<0.05 for islet cell-or NRP- vs. tum-induced proliferation of 0.3-CTLp, and NRP-induced proliferation of 0.3-CTLp vs. NOD/Lt T-cells). B, Cytokine secretion by 0.3-CTLp, and NRP-induced proliferation of 0.3-CTLp vs. NOD/Lt T-of NRP or tum (middle and right panels) (p<0.009 for IFN-V/IL-2 secretion induced by NRP vs. tum). C, Differentiation of 8.3-CTLp from RAG-2-/- 8.3-NOD mice into CTL. The panel shows 51Cr-release assays using NRP- or tum-pulsed RMA-5Kd cells (left and middle panels) or NOD or B6 islet cells as targets, at a 1:10 T:E ratio (right) (p<0.05 for NRP- vs. tum-reactivity or NOD- vs. B6 islet cell-reactivity).

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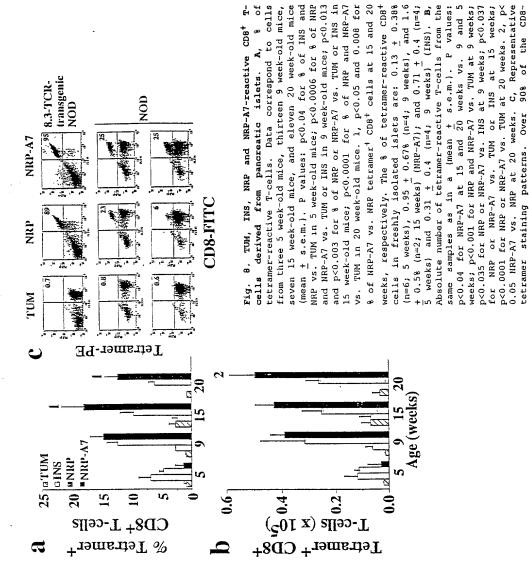


CTLs generated by stimulation of NOD splenic CD8+ T-cells with plate-bound anti-CD28 and anti-CD3 mAbs. The Fig. shows results of cytotoxicity assays obtained with 1 islet line, 2 splenic lines, and the average values obtained with 7 NRP-reactive and 1 non-reactive islet lines (at 1:10 T:E ratio) (p<0.03). The tum 2 SD above those triggered by tum-pulsed targets. The Fig. shows results of assays obtained with 1 clone, and average values corresponding to 14 NRP-reactive clones (p<0.004 for NRP- vs. tum-reactivity) and 17 non-NRP-reactive clones. C, 8 of NRP-reactive CTL lines and clones from NOD/Lt mice (p<0.0001 for 8 of NRP- vs. B, NRP-reactivity of islet-derived CD8<sup>+</sup> T-cell clones from NOD/Lt mice. Assays were done at a «1:1 T:E ratio. A clone was defined as positive if it triggered 51Cr-release values from NRP-pulsed targets at least Fig. 7. NRP-reactivity of islet-associated CD8<sup>+</sup> T-cells from NOD/Lt mice. A, NRP- and tum-reactivity of islet- and spleen-derived CD8<sup>+</sup> T-cell lines from 8.3-NOD and/or NOD/Lt mice. CD3-act. are control CD8+ reactivity of the +Lines was due to one line which displayed some cytotoxicity against tum-pulsed targets. turn-reactive clones).

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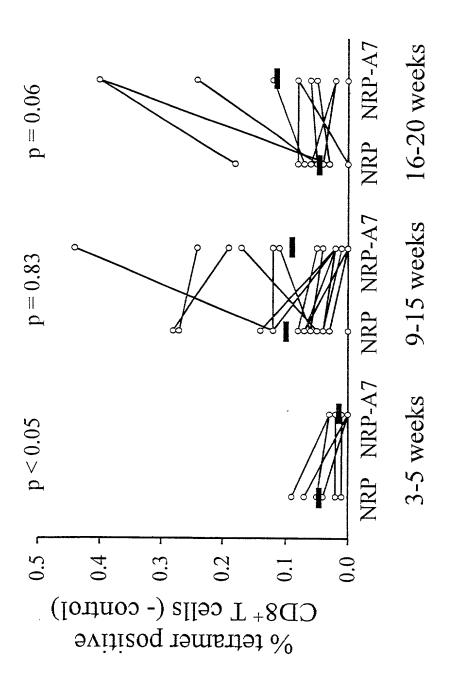
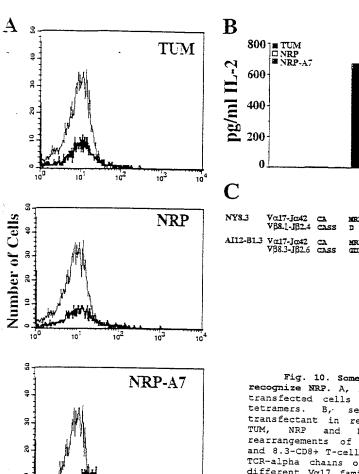


Fig. 9. Percentage of tetramer-positive CD8+ T-cells in pancreatic lymph nodes of NOD mice (data from J. Trudeau and R. Tan).

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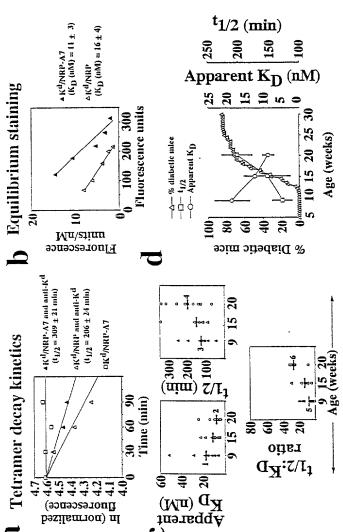
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Fluorescence Intensity

Fig. 10. Some NRP-A7-reactive TCRs do not recognize NRP. A, reactivity of AI12-B1.3 TCR-transfected cells with TUM, NRP and NRP-A7-tetramers. B, secretion of IL-2 by the transfectant in response to stimulation with TUM, NRP and NRP-A7 peptides. C, TCR rearrangements of AI12-B1.3 (NRP-A7-reactive) and 8.3-CD8+ T-cells (NRP/NRP-A7-reactive). The TCR-alpha chains of these two clonotypes use different Va17 family members (17.5 and 17.4, respectively).

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kinetics of 8.3-TCRαβ-transgenic CD8<sup>+</sup> T-cells (n=3). B, Scatchard analysis of tetramer binding to 8.3derived CD8<sup>+</sup> T-cells from pre-diabetic NOD mice (n=9, 7 and 13 for Kp; n=11, 7 and 12 for t<sub>1/2</sub>; and n=8, 7 correlation coefficients for the average decay slopes (regression from 0-90 minutes) of samples from 9, 15 and 20 week-old mice were: 0.907 (p<0.048); 0.902 (p=0.054); 0.993 (p<0.004). There were statistical significant differences for the average of the ln of the normalized fluorescence at 90 minutes between the 9 and 20 week age groups (4.03 + 0.08 vs. 4.29 + 0.08, p<0.013). D, "avidity maturation" of NRP-A7-reactive TCRαβ-transgenıc CD8<sup>+</sup> T-cells (n=3). Cells were stained with different concentrations of NRP and NRP-A7 tetramers and the fluorescence units/nM (bound tetramer/free tetramer) plotted against fluorescence units Tetramer decay (bound tetramer). At the same concentration, the NRP tetramer occupies fewer T-cell receptors on  $heta.3 ext{-CDB}^\dagger$ T-cells (FU) than the NRP-A7 tetramer. C, NRP-A7 tetramer association and dissociation kinetics for isletand 12 for K<sub>0</sub>:t<sub>1/2</sub> ratios at 9, 15 and 20 week-old time points, respectively). P values for cells from 9 vs. 20 week-old mice: Kp, p<0.026 (1 vs. 2); t<sub>1/2</sub>, p<0.027 (3 vs. 4); t<sub>1/2</sub>:Kp ratio, p<0.015 (5 vs. 6). ď 11. Association and dissociation kinetics of NRP and NRP-A7 tetramers. cells (mean + s.e.m.) vs. diabetes penetrance.

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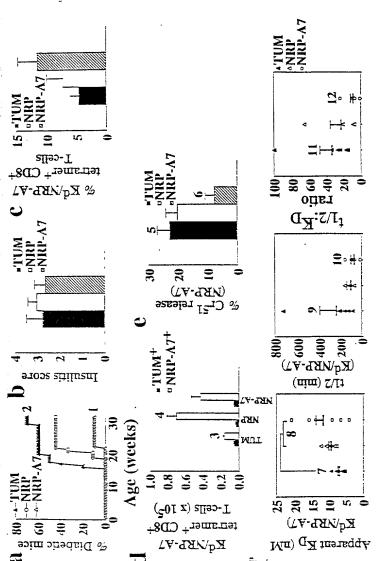


Fig. 12. Diabetogenesis in peptide-treated NOD mice. A, Incidence of diabetes in groups of 10 female NOD mice treated with intraperitoneal injections of TUM, NRP and NRP-A7 peptides in PBS. 1 vs. 2, p<0.007. A7-, 9 NRP- and 10 control peptide-treated mice). 3 vs. 4, p<0.015. The percentage and number of CD8 $^{\dagger}$  cells isolated from peptide-treated mice were: 74  $\pm$  3% and 4  $\pm$  0.2 x 10 $^5$  (TUM); 90  $\pm$  1% and 5.7  $\pm$  1 x 10 $^5$  (NRP); and 86 ± 38 and 5.3 ± 0.9 x 10<sup>5</sup> (NRP-A7) (p<0.03 for NRP- plus NRP-A7-treated vs. control peptide-treated Percentage and D, Absolute number of NRP-A7 tetramer-reactive CD8<sup>+</sup> cells in peptide-treated mice (ip and fp routes; n=8 NRPspecific cytotoxicity of CD8<sup>+</sup> T-cells from peptide-treated mice (ip and fp routes; n=7 NRP-A7-, 11 NRP- and ± s.e.m.). No differences between diabetic and non-diabetic mice were noted. p<0.017 for 5 vs. 6. F, NRP-A7 tetramer binding kinetics of CD8<sup>+</sup> T-cells from non-diabetic 32 wk-old s.e.m.). P values: 7 vs. 8, p<0.05; 9 vs. 10, p<0.04; 11 vs. 12, p<0.02. The correlation coefficients for the average decay slopes (0-90 minutes) of samples from control peptide-, NRP- and NRP-A7-treated mice were: 0.954 (p<0.023); 0.899 (p=0.054); 0.979 (p<0.03). The ln (normalized fluorescence) values at 90 minutes between the control peptide- and NRP-A7-treated groups were 3.88  $\pm$  0.12 vs. 4.31  $\pm$  0.15 (p=0.055). mice). No differences between diabetic and non-diabetic mice were observed. E, NRP-A7-specific minus TUMpeptide-treated mice (ip and fp routes; n=5 NRP-A7-, 4 NRP- and 6 control peptide-treated mice) B, Insulitis scores in non-diabetic mice (n=2-3 mice per group; mean ± s.e.m.). C, 13 control peptide-treated mice (mean

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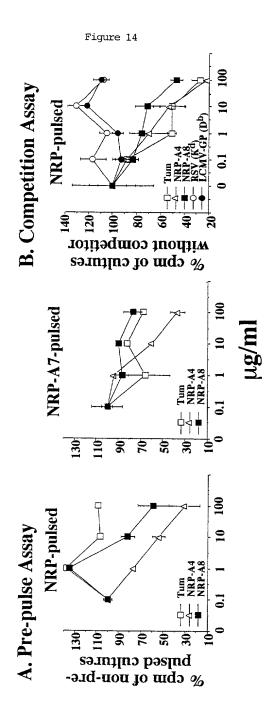
Figure 13

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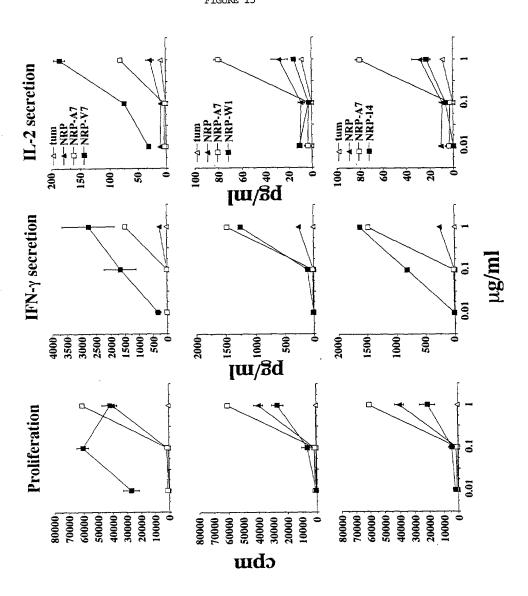


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FIGURE 15

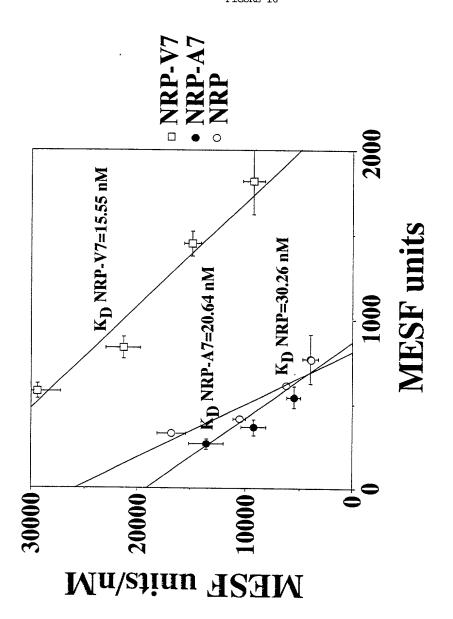


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FIGURE 16

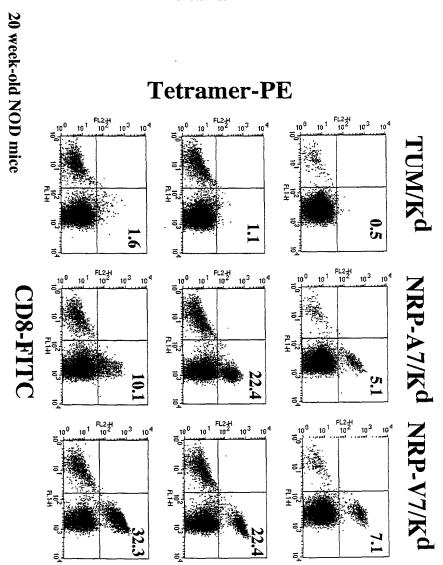


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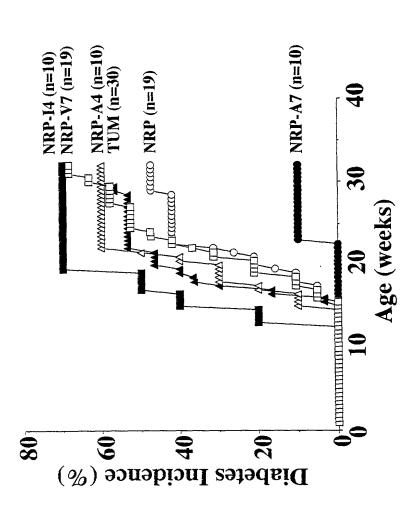
FIGURE 17



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FIGURE 18

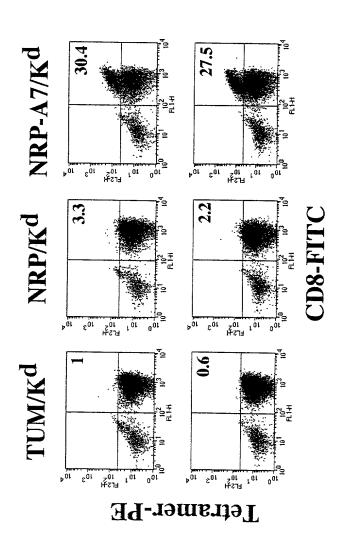


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FIGURE 19



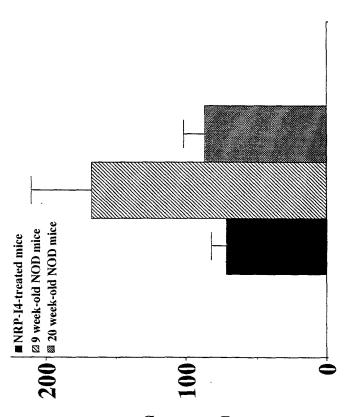
NRP-14-treated NOD mice (@32 wk)

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FIGURE 20



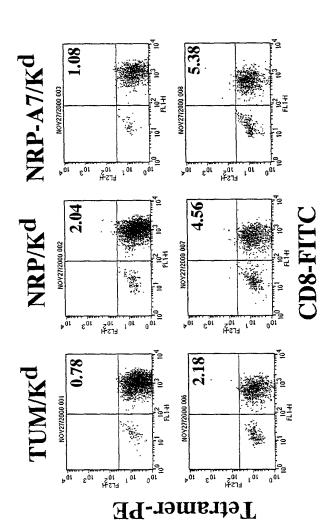
 $NRP-A7 K_D$  (% of  $K_D$  for 8.3-CTL)

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FIGURE 21



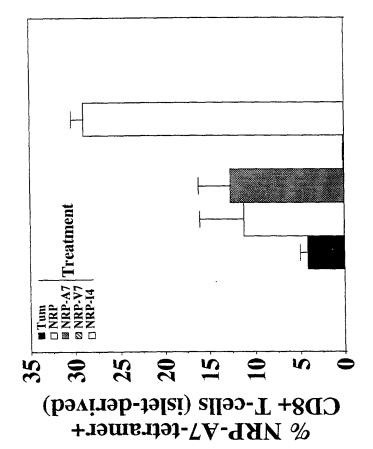


FIGURE 22

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high affinity T-cell low affinity T-cell

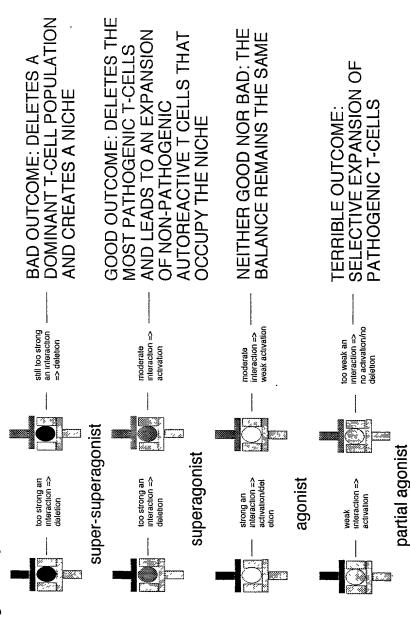


FIGURE 23

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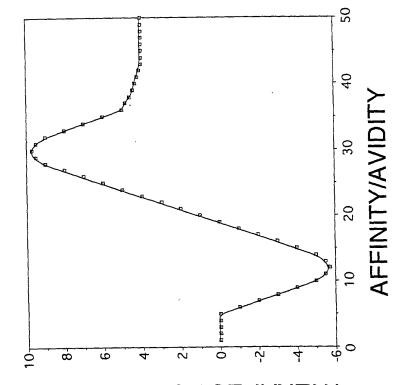
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FIGURE 24

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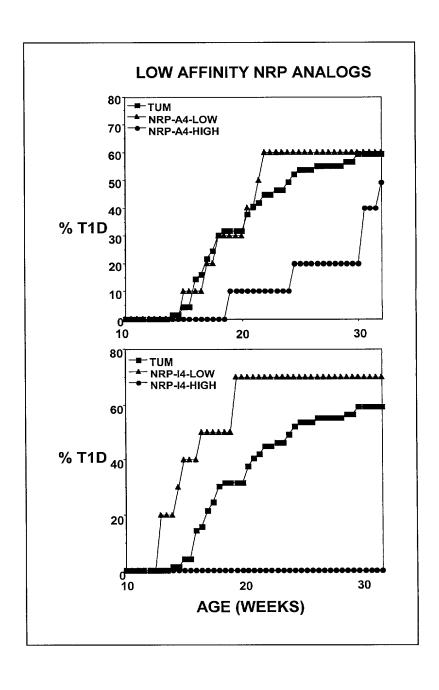


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Low affinity NRP mimics and Type 1 Diabetes (T1D)

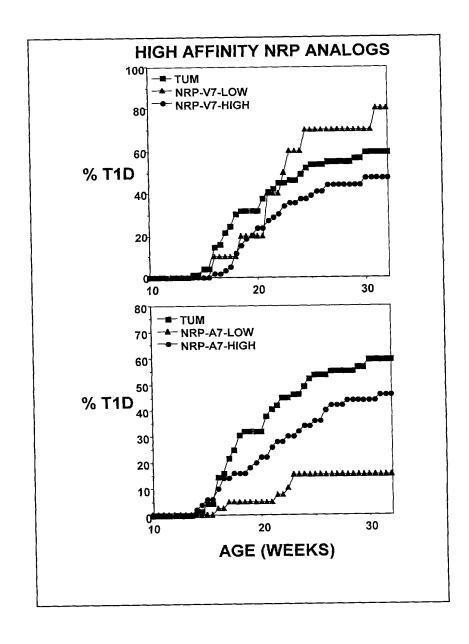


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High affinity NRP mimics and Type 1 Diabetes (T1D)

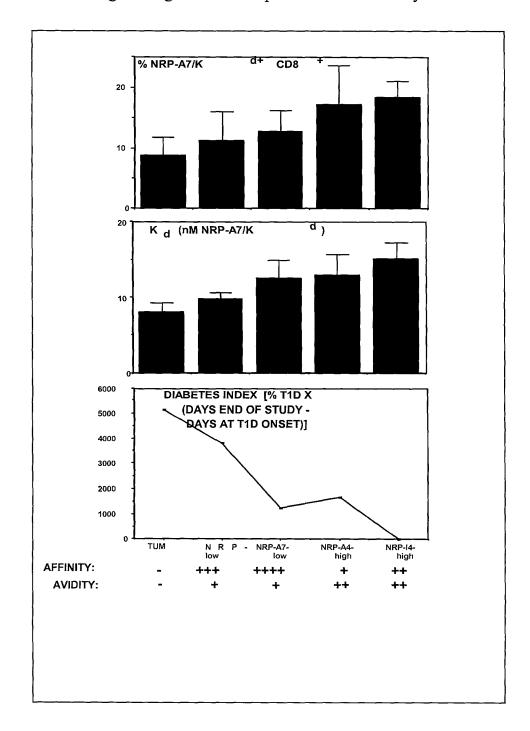


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Anti-diabetogenic regimens and expansion of low avidity cells in islets



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Expansion of "irrelevant" autoreactive cells by elimination of other specificities

